

Form 3015-1 - Chapter 13 Plan

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA THIRD DIVISION

In re:
NANCY M FLIKKI

MODIFIED
CHAPTER 13 PLAN

Dated: August 18, 2016

DEBTOR

Case No. 16-41845

*In a joint case,
debtor means debtors in this plan.*

1. DEBTOR'S PAYMENTS TO THE TRUSTEE —

- As of the date of this plan, the debtor has paid the trustee \$ 0.00.
- After the date of this plan, the debtor will pay the trustee \$ 215.00 per month for 2 months beginning July 2016 for a total of \$ 430.00, then \$ 355.00 per month for 21 months beginning September 2016 for a total of \$ 7,455.00, then \$ 483.00 per month for 11 months beginning June 2018 for a total of \$ 5,313.00, then \$ 520.00 per month for 5 months beginning May 2019 for a total of \$ 2,600.00, then \$ 595.00 per month for 21 months beginning October 2019 for a total of \$ 12,495.00, for a grand total of \$ 28,293.00. The minimum plan payment length is 36 or X 60 months from the date of the initial plan payment unless all allowed claims are paid in a shorter time.
- The debtor will also pay the trustee
- The debtor will pay the trustee a total of \$ 28,293.00 [line 1(a) + line 1(b) + line 1(c)].

2. PAYMENTS BY TRUSTEE — The trustee will pay from available funds only creditors for which proof of claim have been filed. The trustee may collect a fee of up to 10% of plan payments, or \$ 2,829.00, [line 1(d) x .10].

3. ADEQUATE PROTECTION PAYMENTS [§ 1326(a)(1)(C)] — The trustee will promptly pay from available funds adequate protection payments to creditors holding allowed claims secured by personal property, according to the following schedule, beginning in month one (1).

Creditor	Monthly Payment	Number of Months	Total Payments
-NONE-	\$		\$
a. TOTAL			0.00

4. EXECUTORY CONTRACTS AND UNEXPIRED LEASES [§ 365] — The debtor assumes the following executory contracts or unexpired leases. Cure provisions, if any, are set forth in ¶ 7.

Creditor	Description of Property
-NONE-	

5. CLAIMS NOT IN DEFAULT — Payments on the following claims are current and the debtor will pay the payments that come due after the date the petition was filed directly to the creditors. The creditors will retain liens, if any.

Creditor	Description of Property
a. Affinity Plus Federal Credit Union	2013 Ford Escape

6. HOME MORTGAGES IN DEFAULT [§ 1322(b)(5) and § 1322(e)] — The trustee will cure defaults on the following claims secured only by a security interest in real property that is the debtor's principal residence. The debtor will pay the payments that come due after the date the petition was filed directly to the creditors. The creditors will retain liens. All following entries are estimates. The trustee will pay the actual amounts of default.

Creditor	Amount of Default	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
-NONE-	\$	\$			\$
a. TOTAL					0.00

7. CLAIMS IN DEFAULT [§ 1322 (b)(3) and (5) and § 1322(e)] — The trustee will cure defaults on the following claims as set forth below. The debtor will pay for the payments that come due after the date the petition was filed directly to the creditors. The creditors will retain liens, if any. All following entries are estimates, except for interest rate.

Creditor	Amount of Default	Int. rate (if applicable)	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
-NONE-	\$	\$				\$
a. TOTAL						0.00

8. **OTHER SECURED CLAIMS; SECURED CLAIM AMOUNT IN PLAN CONTROLS** [§ 1325(a)(5)] — The trustee will pay, on account of the following allowed secured claims, the amount set forth in the "Total Payments" column, below. The creditors will retain liens securing the allowed claims until the earlier of the payment of the underlying debt determined under nonbankruptcy law, or the date of the debtor's discharge. NOTWITHSTANDING A CREDITOR'S PROOF OF CLAIM FILED BEFORE OR AFTER CONFIRMATION, THE AMOUNT LISTED IN THIS PARAGRAPH AS A CREDITOR'S SECURED CLAIM BINDS THE CREDITOR PURSUANT TO 11 U.S.C. § 1327, AND CONFIRMATION OF THE PLAN IS A DETERMINATION OF THE CREDITOR'S ALLOWED SECURED CLAIM.

Creditor	Claim Amount	Secured Claim	Int. Rate	Beg. in Mo. #	(Monthly Pmnts) x (No. of Pmnts)	=	Pmnts on Account of Claim	+	(Adq. Prot. from ¶ 3)	=	TOTAL PAYMENTS
-NONE-	\$	\$			\$		\$		\$		\$
a. TOTAL											0.00

9. **PRIORITY CLAIMS** — The trustee will pay in full all claims entitled to priority under § 507, including the following. The amounts listed are estimates. The trustee will pay the amounts actually allowed.

Creditor	Estimated Claim	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
a. Attorney Fees	\$ 3,499.00	\$ 194.00 / 320.00	1 / 3	2 / 10	\$ 3,499.00
b. Internal Revenue Service	\$				\$
c. Minn Dept of Revenue	\$				\$
d. TOTAL					\$ 3,499.00

10. **SEPARATE CLASSES OF UNSECURED CREDITORS** — In addition to the class of unsecured creditors specified in ¶ 11, there shall be separate classes of non-priority unsecured creditors described as follows: -NONE-. The trustee will pay the allowed claims of the following creditors. All entries below are estimates.

Creditor	Interest Rate (if any)	Claim Amount	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
-NONE-						\$
a. TOTAL						\$ 0.00

11. **TIMELY FILED UNSECURED CREDITORS** — The trustee will pay holders of nonpriority unsecured claims for which proofs of claim were timely filed the balance of all payments received by the trustee and not paid under ¶ 2, 3, 6, 7, 8, 9 and 10 their pro rata share of approximately \$ 21,965.00 [line 1(d) minus lines 2, 6(a), 7(a), 8(a), 9(b) and 10(a)].

- a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 8 are \$ 0.00.
- b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 8 and ¶ 10) are \$ 23,004.00.
- c. Total estimated unsecured claims are \$ 23,004.00 [line 11(a) + line 11(b)].

12. **TARDILY-FILED UNSECURED CREDITORS** — All money paid by the debtor to the trustee under ¶ 1, but not distributed by the trustee under ¶ 2, 3, 6, 7, 8, 9, 10 or 11 will be paid to holders of nonpriority unsecured claims for which proofs of claim were tardily filed.

13. **OTHER PROVISIONS** — The trustee may distribute additional sums not expressly provided for herein at the trustee's discretion.

In the event a secured creditor is granted stay relief or there is a surrender, repossession or return of the collateral to the creditor for any reason, the creditor may file a proof of claim for any deficiency within 30 days after the surrender, repossession or return of the collateral. If such a proof of claim is filed, the claim, if any, will be paid as an unsecured claim in accordance with non-bankruptcy law and be dischargeable upon completion of this plan or any future modified plan.

14. **SUMMARY OF PAYMENTS** —

Trustee's Fee [Line 2]	\$	2,829.00
Home Mortgage Defaults [Line 6(a)]	\$	0.00
Claims in Default [Line 7(a)]	\$	0.00
Other Secured Claims [Line 8(a)]	\$	0.00
Priority Claims [Line 9(b)]	\$	3,499.00
Separate Classes [Line 10(a)]	\$	0.00
Unsecured Creditors [Line 11]	\$	21,965.00
TOTAL [must equal Line 1(d)]	\$	28,293.00

Insert Name, Address, Telephone and License Number of Debtor's Attorney:

Robert J. Hoglund 210997
Hoglund, Chwialkowski & Mrozik P.L.L.C
1781 West County Road B
PO Box 130938
Roseville, MN 55113
(651) 628-9929
210997

Signed /s/ NANCY M FLIKKI
NANCY M FLIKKI
DEBTOR

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In Re:

Bkry Case No: 16-41845

Nancy Flikki,

Chapter 13

Debtor(s).

NOTICE OF FILING MODIFIED CHAPTER 13 PLAN PRIOR TO CONFIRMATION

TO: ALL PARTIES IN INTEREST

PLEASE TAKE NOTICE that the debtor(s), pursuant to Local Rule 3015-2(a) have filed the attached modified Chapter 13 Plan. The Hearing on Confirmation of the Modified Plan is scheduled for October 6, 2016 at 10:30 a.m. in United States Bankruptcy Court, Courtroom 7 West, Seventh Floor, 300 South Fourth St, Minneapolis, Minnesota.

Any objection to this Modified Plan must be served by delivery not later than 24 hours prior to the time and date set for the confirmation hearing or mailed not later than three days prior to the date set for the confirmation hearing.

Dated: August 30, 2016

HOGLUND, CHWIALKOWSKI & MROZIK, PLLC

Signed: /e/ Robert J. Hoglund

Robert J. Hoglund #210997

Keith Chwialkowski #210134

Marie F. Martin #287040

Jeffrey J. Bursell #293362

Kristen M. Whelchel #339866

Attorney for Debtor(s)

1781 West County Road B

P.O. Box 130938

Roseville, Minnesota 55113

Telephone Number: (651) 628-9929

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In Re:

Bkry Case No: 16-41845

Nancy Flikki

Chapter 13

Debtor(s).

**UNSWORN CERTIFICATE
OF SERVICE**

I, Melissa Matthews, employed by Hoglund, Chwialkowski & Mrozik, PLLC, attorneys licensed to practice law in this Court, with office address of 1781 West County Road B, Roseville, Minnesota 55113, declare that on August 30, 2016, I served the Modified Chapter 13 Plan and Notice of Filing Modified Plan Prior to Confirmation to each of the entities named below by first class mail postage prepaid and to any entities who are Filing Users, by automatic e-mail notification pursuant to the Electronic Case Filing System:

Nancy Flikki
1601 Innsbruck Drive North Apt 250
Minneapolis, MN 55432

And to all creditors/parties in interest listed on matrix (see attached)

I declare, under penalty of perjury, that the foregoing is true and correct.

Dated: August 30, 2016

Signed: /e/ Melissa Matthews
Paralegal

Label Matrix for local noticing
0864-4
Case 16-41845
District of Minnesota
Minneapolis
Tue Aug 30 10:21:28 CDT 2016

Minneapolis
301 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415-1320

(P)AFFINITY PLUS FEDERAL CREDIT UNION
ATTN BANKRUPTCY DEPARTMENT
175 W LAFAYETTE FRONTAGE ROAD
SAINT PAUL MN 55107-1400

CAPITAL ONE
PO BOX 6492
CAROL STREAM IL 60197-6492

CARE CREDIT/SYNCHRONY BANK
ATTN BANKRUPTCY DEPT
PO BOX 965061
ORLANDO FL 32896-5061

COMENITY BANK/FULL BEAUTY
PO BOX 659728
SAN ANTONIO TX 78265-9728

COMENITY BANK/ROAMANS
PO BOX 659728
SAN ANTONIO TX 78265-9728

COMENITY BANK/WOMAN WITHIN
PO BOX 659728
SAN ANTONIO TX 78265-9728

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

(p)DELL FINANCIAL SERVICES
P O BOX 81577
AUSTIN TX 78708-1577

EQUALITY CARD SERVICES
PO BOX 84032
COLUMBUS GA 31908-4032

HELZBERG DIAMONDS
PO BOX 30253
SALT LAKE CITY UT 84130-0253

IRS
PO BOX 7346
PHILADELPHIA PA 19101-7346

MN DEPT OF REVENUE
551 BKCY SECTION CEU DEPT
PO BOX 64447
SAINT PAUL MN 55164-0447

RELIANCE RECOVERIES
6160 SUMMIT DR STE 420
BROOKLYN CENTER MN 55430-2149

SYNCHRONY BANK
PO BOX 960013
ORLANDO FL 32896-0013

UNITY HOSPITAL
PO BOX 9125
MINNEAPOLIS MN 55480-9125

US Trustee
1015 US Courthouse
300 S 4th St
Minneapolis, MN 55415-3070

WELLS FARGO FINANCIAL CARDS
800 WALNUT ST
DES MOINES IA 50309-3891

Wells Fargo Bank NA
PO Box 10438
Des Moines IA 50306-0438

Gregory A Burrell
100 South Fifth Street
Suite 480
Minneapolis, MN 55402-1250

Nancy M. Flikki
1601 N INNSBRUCK DR
FRIDLEY, MN 55432-6046

Robert J. Hoglund
Hoglund, Chwialkowski & Mrozik, PLLC
1781 West County Road B
P.O. Box 130938
Roseville, MN 55113-0019

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

AFFINITY PLUS FEDERAL CREDIT UNION
175 W LAFAYETTE FRONTAGE RD
SAINT PAUL MN 55107

DELL FINANCIAL SERVICES
PO BOX 81577
AUSTIN TX 78708-1577

End of Label Matrix
Mailable recipients 22
Bypassed recipients 0
Total 22

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UNITED STATES BANKRUPTCY COURT

DISTRICT OF MINNESOTA

In re:

Bankruptcy Case Number: 16-41845

Nancy M. Flikki,

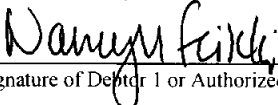
Debtor(s).

SIGNATURE DECLARATION

☐ PETITION, SCHEDULES & STATEMENTS☐ CHAPTER 13 PLAN☐ SCHEDULES & STATEMENTS ACCOMPANYING VERIFIED CONVERSION☒ AMENDMENT TO PETITION, SCHEDULES & STATEMENTS☒ MODIFIED CHAPTER 13 PLAN/MOTION FOR HEARING☐ OTHER:

I (we), the undersigned debtor(s) or authorized representative of the debtor, make the following declarations under penalty of perjury:

1. The information I have given my attorney for the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
2. The Social Security Number or Tax Identification Number I have given to my attorney for entry into the court's Case Management/Electronic Case Filing (CM/ECF) system as a part of the electronic commencement of the above-references case is true and correct;
3. **[individual debtors only]** If no Social Security Number was provided as described in paragraph 2 above, it is because I do not have a Social Security Number;
4. I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration;
5. My electronic signature contained on the documents filed with the Bankruptcy Court has the same effect as if it were my original signature on those documents; and
6. **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor.

Date: 8/24/16
Signature of Debtor 1 or Authorized Representative_____
Signature of Debtor 2Nancy M. Flikki

Printed Name of Debtor 1 or Authorized Representative

Printed Name of Debtor 2

HOGLUND, CHWIALKOWSKI & MROZIK, PLLC

Signed: /s/ Robert J. Hoglund

Robert J. Hoglund #210997

1781 West County Road B

P.O. Box 130938

Roseville, Minnesota 55113

Telephone Number: (651) 628-9929